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The Ubiquity of Shame

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I. Introduction

I remember the day I stopped consulting my dictionary for the meaning of "ubiquitous". I was reading *The Voice of Shame* by Wheeler and Lee, and the authors were talking about the ubiquity of shame. When I looked it up and saw that ubiquity means "everywhere", the meaning was seared into my brain, because for some years my experience has been that shame is found nearly everywhere I look.

My interest in shame began about thirty-five years ago when I was an inexperienced drug and alcohol counselor. I noticed that when I said certain things to people, they would shrink in front of me and withdraw inside themselves. When I said other things they would come out of themselves and resume their normal size. It was interesting, especially because, at the time, I was doing a lot of shrinking and growing myself. This was during the first couple years of my recovery from alcoholism, and my subsequent recovery from what I slowly came to realize was an alcoholic and shame-filled family system. I didn't have the language to describe what I experienced personally, or what I was seeing in my work with chemically dependent people. It was another ten years before I examined the shame dynamic and felt the relief and excitement that comes from such an

important self-revelatory experience.

Until twenty-five years ago, there had been a woeful lack of research and literature on shame and how it affects our lives. One reason for that is, until recently, society had been reluctant to talk about it. The mere mention of shame tended to induce embarrassment or shame. Sadly, by not talking about shame, we kept it “unspeakable” and “shameful”. Fortunately, this appears to be changing.

The shrinking and growing syndrome I observed in others and myself, with further study has turned into a personal shame-healing process and a method of working with people with a variety of shame-based syndromes. This article is an attempt to show how I now see shame and how it's affected my work with clients.

II. What is Shame?

Shame is a normal response to many of our everyday human experiences. In fact, a modest level of it is useful to us; it reminds us of our limitations, and is a potent tool in our socialization process. The problem comes when there is a lot of shame being created in various ways without an ability to express it in any meaningful way or have it be met with compassion and support. This contributes to a long list of personal and social problems plaguing us today. The feeling of shame is often accompanied by an assortment of critical, judgmental thoughts that block our processing and externalization of it leading to what I call a “reservoir” of shame.

We all experience shame on many levels every day. Gershen Kaufman has written: “Once we become attuned to the occurrence of shame, we discover its ubiquity, noticing its presence throughout our own and

others experience. The pervasiveness of shame in human experience is indicated by the number of affective states that have been identified as variants of shame: shyness, embarrassment, chagrin, humiliation, low self-esteem, feeling ridiculous, sheepishness, discomfort, disconcertedness, abasement, disgrace, ignominy, dishonor, mortification, degradation, self-consciousness, disappointment, discouragement, guilt, feeling "lousy" or "funny"--- and the list goes on "(Kaufman, 1989)." In *Shame and Pride*, Donald Nathanson, 1986, shame is referred to as an emotion and a "family of emotions". Therefore when we experience one of the above variants we are feeling some member of the family of shame feelings.

Shame is "a painful belief in one's basic defectiveness as a human being" (Potter-Efron, Potter-Efron 1989). In *The Psychology of Shame*, Gershen Kaufman writes: "The affect of shame is important because no other affect is more disturbing to the self, none more central for the sense of identity. In the context of normal development, shame is the source of low self-esteem, diminished self-image, poor self-concept and deficient body image. Shame itself produces self-doubt and disrupts both security and confidence. It can become an impediment to the experience of belonging and to sharing intimacy. Shame always alerts us to any affront to human dignity. It is the experiential ground from which conscience and identity inevitably evolve. In the context of pathological development, shame is central to the emergence of alienation, loneliness, inferiority, and

perfectionism. It plays a central role in many psychological disorders as well, including depression, paranoia, addiction, and borderline conditions. Sexual disorders and many eating disorders are also related to shame." (Kaufman, 1989)

disorders are largely disorders of shame. Both physical abuse and sexual abuse also significantly involve shame.”

Shame plays a powerful causative and contributory role in a wide range of conditions and behaviors, including drug and alcohol addiction, eating disorders such as bulimia, anorexia nervosa and overeating; sex addiction; gambling addiction; religious addiction; low self esteem; rage; codependency; social phobia; road rage; domestic violence; relationship and marital conflict; and more. Shame contributes to the onset of these conditions, and then feeds the conditions creating a virtual circle of shame.

III. Where does shame come from?

According to Sylvan Tompkins, shame occurs when a positive feeling is impeded which happens to most of us every day. On the whole, I am not addressing this general, everyday experience of shame, but the shame that accumulates over our lifetimes and becomes a toxic reservoir of shame. Because we have been conditioned to avoid these

feelings by repressing them, over time they imprison us physically, mentally, emotionally, and spiritually.

In *The Psychology of Shame*, 1989, Kaufman talks about shame as a “rupture in the interpersonal bridge” between us and another person, family, group, or culture as a model for how shame occurs. This is true whether the “other” is present or is an implicit or explicit memory, or a voice in our heads. Our immediate impulse will be to repair the break as soon as possible or to avoid the shame by becoming angry; withdrawing; using alcohol, drugs, or food; blaming oneself or others; or resorting to a host of other avoidance strategies.

For most of us personal, family, cultural, or legal expectations produce only a modest portion of shame. Much more comes from the chronic shame patterns of our childhoods, and also from adult shaming experiences unwittingly passed on by families, friends, acquaintances, teachers, religious leaders, and culture in general. For example, parents with low self-esteem will, both actively and passively through the action of mirror neurons in the brain, transmit shame and low self-esteem to their children, despite their best intentions. Another example is when someone we either know or

identify with experiences shame, this may trigger old and new feelings of shame in us. As this transfer of shame occurs day after day, and year after year, without the benefit of emotional support or the ability to process this pain with others who understand, our internal reservoir deepens.

One result is when someone treats us with a perceived lack of respect, true or not, we frequently experience it as a short fuse igniting our "reservoir" of internalized shame, thus producing more intense feelings than the current incident might warrant. Rather than allowing ourselves to feel the shame, we unconsciously use one of many strategies to avoid it. These strategies include anger, rage, control, contempt, withdrawal, blame, denial, depression, or presenting ourselves as perfect or "shameless". In using one or more of these strategies to avoid our shame we almost invariably trigger or transfer back to our "attacker" or other people we run into, the shame we are avoiding. This happens on an interpersonal, interfamily, intercultural, interracial, and even international level. Mostly this occurs outside of our awareness. I sometimes refer to these

interactions as "two lost souls, triggering each other, and it is no one's fault". Both sides are

responsible for their own feelings and behavior though not to blame.

By accumulating such shameful feelings over time, it is no wonder that by adolescence, some teenagers engage in bullying, taunting, and other behaviors as a way of compensating for their own self-hatred and relieving their own pain. All of this is outside of their awareness.

IV. What can be done to manage and heal shame?

Such deep and very painful feelings must be met with understanding and acceptance in order for compassion to eventually heal shame. Initially this understanding must come from another person, either a therapist or good friend, who has undergone some healing of their own shame and as a result can more easily understand, and accept us with these feelings before we are able to understand and accept these feelings for ourselves.

When patients indicate an interest in this area of work, we talk about the various ways they may have learned self-rejecting thoughts and feelings from infancy to the present. These ways might include emotional or physical abandonment by an important person in their lives; physical, sexual, or emotional abuse; being

present during the abuse of a loved one, repeated demeaning judgments, criticisms, neglect, and being treated with disgust on a regular basis.

Early in shame work, I suggest clients learn ways of coping with and managing shame feelings when they occur in order to reduce the overwhelming feelings that many experience during a shame attack. Learning to

manage shame attacks allows a person to be less fearful when they strike, which also supports their shame healing process. I teach four ways of coping:

1. Ask someone they know, therapist or friend, to relate a similar shame experience of their own. This will immediately reduce the intensity of the shame attack.
2. Develop methods of internal support when feeling shame. This might include remembering times in the past when they had received a lot of support for the same thing they are feeling exposed and ashamed of presently.
3. Develop a list of people they can count on for support in challenging the old negative messages when they arise. This is best done when they can tell the other exactly what they need to hear to challenge the old message.
4. Transfer attention during a shame attack from inside oneself outward, towards one's environment. Focusing on other people, trees, colors, or sounds will reduce one's self-consciousness and feelings of shame.

With these tools on board the process of healing internalized shame can begin with a growing awareness by therapists and clients of how shame may be currently arising. In counseling sessions, I ask clients to identify current daily incidents of shame in their lives and in the lives of others around them. The following provides a good example: Harry came into my office saying that he had nothing in particular to talk about that day. Within a few minutes, though, he reported that as he was sitting in the waiting room he heard a man in my office yelling in an abusive way, which compelled him to run into the hallway rather than

bursting through my office door to stop the loud, abusive yelling. It had begun to make him feel small and ashamed, which led to rage for him before he fled into the hallway. As we talked, he realized that the yelling he heard in my office activated old neural pathways in his brain that recorded what he saw and felt as a child when his father raged. He had been unaware of this trigger until this session.

One of the more powerful experiences in the healing of my own shame occurred in the late 1980's at the Gestalt Institute of Cleveland, where I was in the postgraduate clinical training program. One morning, I was working with a "client" in my practicum group of four students, including myself with two faculty members. The format was to work with my client for 30 minutes and then receive focused feedback from the group, including what they saw as my strengths as well as what I could have done differently. It was a supportive format, but somewhat intimidating to me.

While working with my client, I misunderstood something he said, mirrored him incorrectly, and then heard the feedback from fellow trainees and faculty members. As the morning went on, I slipped into a deep shame spiral with all the usual self-judgments and criticisms. By lunchtime, I was nauseated with shame. My heart and mind were filled with self-rejecting judgments. During lunch, I spoke to my fellow students about it and about what I had done earlier. They assured me that I was seriously overestimating the mistake I had made. But, my shame spiral continued. Of course, I knew in my mind that it was not a significant mistake; however, I could not let go of the shame and self-abuse. Looking back on it, I know that my reservoir of old feelings of inadequacy, unworthiness, and

shame had been triggered by my minor shaming experience that morning.

At 4:30 as we were closing for the day, the faculty member for our group asked how we were faring after the day's training and what was needed in order to wrap up. Painfully, I was able to tell him about the shame spiral that had gripped me all day. He said, "Ken, I know there is nothing I could say to you that could help with what you are feeling. But, if you are willing, I could come over there and hold you for a while." Because I knew and trusted him, I said I was willing. He held me as I sobbed, and the shame slowly drained away. Looking back on it, I realized that I had been healed of a significant chunk of shame by his understanding, acceptance, and compassion for me at a time when I was as yet unable to have compassion for myself.

Through circumstances like these we become able to develop self-understanding and compassion for our own feelings of shame as we heal and integrate them into our lives. Some years ago, having come to a deeper level of self-acceptance, I experienced one of my clearest episodes of self-healing. One day, as I was driving, I began thinking about how I had been unable to support my children when they were

young on a level that I would have liked and that they deserved. I felt a wave of shame wash over me. I decided to go with it and feel and heal my way through it. I began to focus on my feelings, and allowed them to begin to rise from my stomach to my chest. As they did, ancient critical thoughts arose in my mind. These judgments acted like grappling hooks pulling the shame back down into my stomach. It was clear to me that these thoughts were a barrier that wouldn't allow the shame to "come up and out". By this time in my life, I knew that these thoughts were untrue "artifacts"

thoughts were untrue artifacts from my distant past, a past that included a childhood where a critical parent regarded me as "disgusting." I wasn't able to completely dispose of the thoughts, however, I was able to visualize setting them aside on a shelf over my right shoulder. As I did this, the shame feelings came up and out, as if I had swallowed a shame expectorant; I wept for the next ten to fifteen minutes. The shame was gone and hasn't returned. Naturally, there are regrets that remain; but the shame and remorse are gone.

Many people are raised in a family where "feeling" words are rarely used. Thus, it has been helpful to provide clients with a feelings list early in treatment. Patients will often be amazed

that, with a feelings list to refer to, they are now quickly able to identify their feelings. I recommend that they refer to the feelings list often during early therapy so they can more readily identify their feelings. Without an ability to access and identify our feelings it is difficult or impossible to know what our long forgotten needs are and therefore nearly impossible to get these needs (that we've always needed and always will need) met. Of course many of us have mistakenly been taught to believe that we shouldn't need others and if we do then there "there is something wrong with us". Besides improving communication skills, this work also adds to our self-confidence and self-esteem.

Journaling is a valuable tool for people during therapy as another way of allowing feelings to come up and out. When journaling is done while a person is connected to their shame feelings, the journaling can act as a conduit to bring these feelings up and out, where they can be met with understanding, acceptance and compassion.

I recommend spending ten or

... recommend spending ten to fifteen minutes a day meditating in order to quiet the mind. Over time this also aids in allowing feelings to come up and out. This type of meditation involves being a quiet observer of their thoughts and feelings, as free of judgment

as possible. Many people choose to meditate by focusing on their breath and/or by counting their breaths one through ten and starting over. When the mind wanders, as it surely will, it is gently brought back to the counting.

Some people cannot sense their feelings in their bodies. In order to survive painful circumstances earlier in their lives, they have had to desensitize themselves. In that case, we spend time building awareness of bodily sensations in order to facilitate the healing process. Being aware of sensations and emotions in our body is, as I mentioned before, also a way to more clearly recognize what our wants and needs are in all kinds of situations. No small thing for many of us.

Many people tell me that understanding where their shame came from allows them to feel more compassion for themselves and others. I strongly recommend that they spend at least five minutes a day reading about shame from available handouts, or from a list of recommended books on shame. These readings are invaluable in that they provide a new lens to look through, heightening awareness of shame in day-to-day life. It is also another way of identifying, understanding and seeing through the various shaming

messages internalized from primary shame sources in the past. An example of an internalized shaming message might be: "I am unworthy of respect and attention." or "I am unimportant." or "I'm a loser". This reading can also help identify what strategies the person may

... strategies and persons may habitually use to cover up or avoid feeling shame. Anger and depression are two of the most common feelings used to cover shame. Blaming oneself or others, and denial are also common strategies for shame avoidance. Regular reading on shame is an enormously useful piece in the healing process being discussed here. It allows a person to hasten the self-healing process immensely, though it is still slow and repetitive and requires patience.

To attend to our feelings like a “good enough” parent would attend to their child is to begin a re-parenting process by visualizing the child and to mirror it as a valuable, important being, worthy of love and respect. This includes replacing old, negative, shaming messages with new understanding, compassionate, and accepting messages.

I encourage people to discriminate between judgmental shame thoughts and shame feelings, which are bodily sensations. A way to use this is for the person experiencing a shame attack to visualize a shelf on one side of them and to place the shame thoughts on it. This helps in allowing the shame feelings to come up and out of the body without obstacle.

I teach four ways of allowing these feelings to come up and out.

1. Name the feeling out loud, very simply and without explanation. Example: “Right now I’m feeling shame.”

2. Externalizing these feelings with weeping.

3. Another is through visualization. This works well for a low level of shame. Sense the feeling rising slowly from the stomach, up through the chest, neck, and out the top of the head,

as if it were an air bubble in a glass of water rising to the top and dispersing. This seems especially useful in dealing with the shame we feel about having shameful feelings.

4. Journaling, discussed earlier, is a potent tool.

One of the uncomfortable tasks in this healing process is to begin to recognize and take responsibility, though not blame, for the shaming we do to others when we are in our own shame state. Likewise it is not useful to blame others for shaming us when they

are in their own shame state. Blame is a barrier to healing. Being human we will blame others or ourselves when our shame is triggered but can learn to let go of the blame and heal the shame more readily. More often than not we are unaware of how and when we shame others. Group counseling is an ideal setting to learn when and how we shame others as well as how to repair the interpersonal break when it occurs. This has obvious benefits to all of our relationships.

When possible I recommend group counseling for individuals doing shame work. The therapeutic value of sitting with a small group of people over time who are all focused on working through old self-rejection and self-hate is inestimable. The level of support available in these groups is enormous. In a short time group members begin to notice small positive changes in how they are handling their lives and they soon become for each other a considerable resource for the understanding and compassion needed to heal shame.

V. Conclusion

Clients must learn to be kind and patient with themselves in their shame healing and in their lives. Although they will experience healing from the onset of this work, the process is long and repetitive and will require

repetitive, and will require patience and perseverance.

I've done a lot of reading on the healing of shame over the years, and nothing has inspired me as much as what Gordon Wheeler said in his epilogue to The Voice of Shame. "Whatever the pain of the troubled world and our own often troubled histories, the voice of shame is always and finally a voice of hope -- hope of connection and hope of healing, for ourselves and for the world. Join with us in taking this crucial and transformational work to another level".

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